

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019357

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

162
FILED MAY 22 1962

Primary Registration District No.

5592

Registrar's No.

85

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0500

2 2239

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4 1

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7 0

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12 97-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TOACHIM		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. JEFF MEM HOSP		d. STREET ADDRESS (If outside, give location) 2009 CONGRESS	
3. NAME OF DECEASED (Type or print) First MAE Middle MESSEX Last		4. DATE OF DEATH Month MAY Day 13 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-8-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER		11. BIRTHPLACE (City and state or country) MORSE MILL MO	
13a. FATHER'S NAME THOMAS J. DAVIS		13b. MOTHER'S MAIDEN NAME SARAH WILLIAMS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT RAYMOND DAVIS Address ST LOUIS MO	
18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease, with auricular fibrillation & cardiac decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		12. CITIZEN OF WHAT COUNTRY U.S.A.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1955 to 5/13/62 and last saw her alive on Jan 29, 1962 Death occurred at 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Decease or sign) Richard B. Soto		22b. ADDRESS MO 3720 Washington	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/16/62	23c. LOCATION (City, town, or county) (State) ST LOUIS MO	
24. FUNERAL DIRECTOR MAHN Funeral Home ADDRESS NO. 5070, MO		25. DATE RECD. BY LOCAL REG. 5/16/62	
		26. REGISTRAR'S SIGNATURE John H. Stahl, Deputy	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

August

MAY 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Gerald J. Mahan*

Licensed Embalmer No. 4975

P. O. Address De Soto, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.